

Work Order ID 89405

89405

Page 1

August-24-12 1:56:36 PM

Item ID: D3280-1L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, LH
 Start Date: 8/21/12 Start Qty: 200 4 ***2*** Cust Item ID:
 Required Date: 9/14/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12/08/12 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3280	Rev E								
100		0.00							
100	HAND FINISHING THERMOFORMING								
Thermoform	Memo	0.00							
Thermoforming Machine	Cut Blanks								
105		0.00							
105	Dry Material								
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								
	Temp: <u>240°F</u>								
	Time IN: <u>7:00 am</u> <u>12/09/04</u>								
	Time OUT: <u>7:00 am</u> <u>12/09/05</u>								

DAS
07
12/09/05

DAS
07
12/09/05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> Rework <input type="checkbox"/> Skid-tube <input type="checkbox"/> Crosstube <input type="checkbox"/> Water Jet <input type="checkbox"/> Engineering <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Scrap <input type="checkbox"/> Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Quality <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Use-as-is <input type="checkbox"/> Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Other <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Work Order Update <input type="checkbox"/> Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Supplier <input type="checkbox"/> </div>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Page 2

Item ID: D3280-1L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, LH
 Start Date: 8/21/12 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 9/14/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 *110* Thermoform Thermoforming Machine	THERMOFORMING MACHINE Memo Thermoform as per Dwg. D3280 and Folio FTA 011 Dwg. Rev. <u>E</u> Folio Rev. <u>C</u>	0.00 0.00				x2			DAS 07 8-89 12/09/05
120 *120* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00				x2			DAS 07 8-89 12/09/05
130 *130* Thermoform Thermoforming Machine	HAND FINISHING THERMOFORMING Memo Trim to Finished Dimensions	0.00 0.00				x2			DAS 07 8-89 12/09/06

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Item ID: D3280-1L02 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector, LH
 Start Date: 8/21/12 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 9/14/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 *140* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00				x2			DAS 07 12/09/06 PTO →
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 Smb 12.9.6 0.00				2			DAS 16 11/09/14
160 *160* Packaging Packaging	Packaging Memo	0.00 0.00							12/21/11 (2)

P10
89283

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: WAL Date: 12/09/14

QA Closed:

Date:

Work Order: <u>89405</u> Part No. <u>D3280-1202</u> NCR No. <u>CIR 12-9</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input checked="" type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input checked="" type="checkbox"/>	12/09/14	140	2.	Measurement on dwg. is larger than part (width).	DAS 22 12.09.11	Use as is. (Correct dwg.)	Wk. 12/09/14	DAS 16 9.03 12/09/12	DAS 16 12/09/14
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 89405***89405***

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August-24-12 1:56:36 PM

Item ID: D3280-1L02 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Floor Protector, LH
Start Date: 8/21/12 Start Qty: 2.00 ***2*** Cust Item ID:
Required Date: 9/14/12 Req'd Qty: 2.00 ***2*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	QC21- Final Inspection - Work Order Release	0.00							
170									
QC	Memo	0.00							
Quality Control									

12/9/12
12-09-01

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;">Rework <input type="checkbox"/></div> <div style="text-align: right;">Skid-tube <input type="checkbox"/></div> <div style="text-align: right;">Crosstube <input type="checkbox"/></div> <div style="text-align: right;">Water Jet <input type="checkbox"/></div> <div style="text-align: right;">Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;">Scrap <input type="checkbox"/></div> <div style="text-align: right;">Machining <input type="checkbox"/></div> <div style="text-align: right;">Small Fab <input type="checkbox"/></div> <div style="text-align: right;">Prod. Eng. Coord. <input type="checkbox"/></div> <div style="text-align: right;">Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;">Use-as-is <input type="checkbox"/></div> <div style="text-align: right;">Thermoforming <input type="checkbox"/></div> <div style="text-align: right;">Finishing <input type="checkbox"/></div> <div style="text-align: right;">Rec/Store/Packaging <input type="checkbox"/></div> <div style="text-align: right;">Other <input type="checkbox"/></div> </div> <div style="text-align: right;">Work Order Update <input type="checkbox"/></div> <div style="text-align: right;">Large Fab <input type="checkbox"/></div> <div style="text-align: right;">Composite <input type="checkbox"/></div> <div style="text-align: right;">Supplier <input type="checkbox"/></div>	
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Picklist Print

August-24-12 1:56:36 PM

Page 1

Work Order ID: 89405

Parent Item: D3280-1L02

Parent Item Name: Floor Protector, LH

Start Date: 8/21/12

Required Date: 9/14/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev. C Revised to add color sheet. 11/03/02 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-02 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	734.7400	4.333	9.1221052			

Location

therm

110877

122033

Loc Qty

734.7399879

29.0499879

705.69

Loc Code

9.122 sq ft.

12/09/06

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

DART AEROSPACE LTD		Work Order:	89405
Description: R22 Floor Protector, LH		Part Number:	D3280-1
Inspection Dwg: D3280 Rev: E		Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875"	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

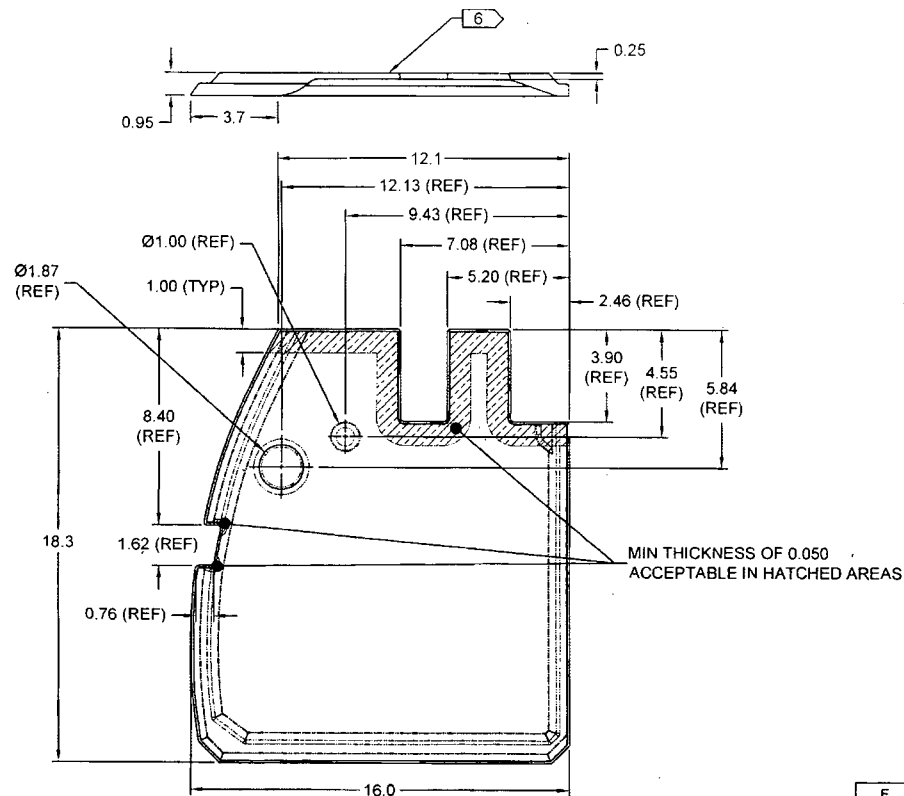
Measured by:	DL	Date:	12/09/05
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
18.3	+/-0.100	18.25"	✓			
16.0	+/-0.100	15.875"	✓			
12.1	+/-0.100	12.0"	✓			
0.95	+/-0.030	0.955"	✓			
0.25	+/-0.030	0.280"	✓			
0.070	Min	0.086"	✓			
0.050	Min	0.065"	✓			

Measured by:	DL	Date:	12/09/06
Audited by:	DAS 15 11/07/12	Date:	
Preliminary Approval:		Date:	

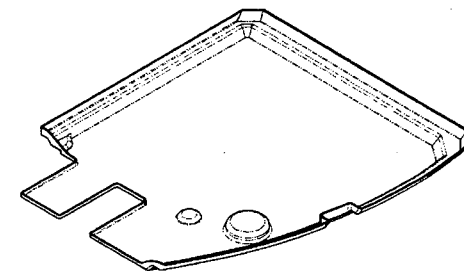
Rev	Date	Change	Revised by	Approved
A	08.01.16	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	11.04.28	Dwg Rev updated	KJ	



D3280-1 FLOOR PROTECTOR

D3280-1 NOTES:

- 1) MATERIAL: -1L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3280-1Lxx" AND B/N PER QSI 044 6.4
- 7) WEIGHT: D3280-1L02 = 0.94 lb D3280-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3280-1T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED



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UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE

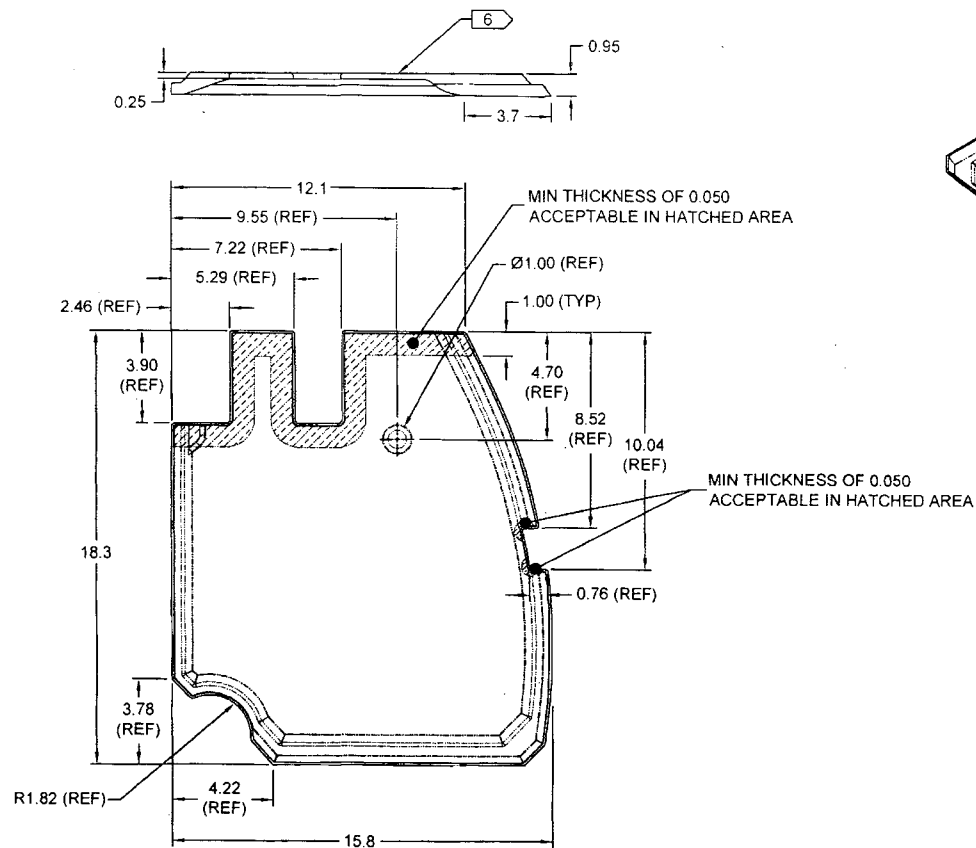
WORK ORDER

NO. 89405 MLJ

12/08/27

RELEASED
R 2011-03-02
MD

E	REVISE NOTES (ZN A8-1, A8-2)	RF	11.03.01
D	THICKNESS 0.093 WAS 0.125, MIN. THICKNESS 0.070 WAS 0.080, P/N & B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2); CORRECT WEIGHTS (ZN A8-1, A8-2); HOLE SIZE Ø1.88 WAS Ø0.211 (ZN C7-1)	PH	08.03.28
C	UPDATE DIMS TO MATCH PARTS; COLOUR 701 WAS 700; GENERAL UPDATE	LE	07.10.12
B	NOW LEXAN; DIMS AS MANUFACTURED	CP	05.11.25
A	NEW ISSUE	CP	04.05.03
REV.	DESCRIPTION	BY	DATE
DESIGN	<u>MD</u>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<u>MD</u>	DRAWING NO.	REV. E
MFG. APPR.	<u>MD</u>	D3280	SHEET 1 OF 2
APPROVED	<u>MD</u>	TITLE	SCALE
DE APPR.	<u>MD</u>	FLOOR PROTECTOR	NTS
DATE	11.03.01	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR DISSEMINATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



D3280-3 FLOOR PROTECTOR

RELEASED
2011-03-02

D3280-3 NOTES:

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3280-3Lxx" AND B/N PER QSI 044 6.4
- 7) WEIGHT: D3280-3L02 = 0.88 lb D3280-3L08 = 1.03 lb
- 8) THERMOFORM WITH MOLD D3280-3T1 PER DART QSI 022; TRIM AS SHOWN
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED



DESIGN	90	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. E
MFG. APPR.	<i>[Signature]</i>	D3280	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	FLOOR PROTECTOR	NTS
DATE	11.03.01	<small>COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE, OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	